

# TOWN OF TUSAYAN on the Edge of Grand Canyon National Park

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## LIQUOR LICENSE APPLICATION

Non-refundable application fee of \$560 due upon submittal. Please make checks payable to the Town of Tusayan.

1. Name of corporation or person requesting a license:

\_\_\_\_\_

2. Business name (dba):

\_\_\_\_\_

3. Business address:

\_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Business Phone

\_\_\_\_\_ E-mail address

4. Please describe your business and how the sale of alcohol will be involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of the person compiling this form:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle Initial

Residence:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

Contact Information:

(\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone

(\_\_\_\_) \_\_\_\_\_  
Business Phone

6. Have you ever been arrested for, convicted of, or plead guilty or no contest to a violation of any law other than a misdemeanor traffic violation in the past 10 years?

☐

Yes

☐

No

If "yes," please provide details on the incident(s) including how the matter was resolved.

\_\_\_\_\_  
\_\_\_\_\_

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7. Please list all persons having any ownership interest in the business, or in the profits of the business. This includes persons with less than a 10% interest.

Last	First	Middle	% Owned	Mailing Address	City/State/Zip

\*Attach additional sheet if necessary.

8. Provide information about the purchase of the business. Provide complete details on the source of any and all funding.

- a. When was the business purchased? \_\_\_\_\_  
b. How much was it purchased for? \_\_\_\_\_  
c. What did the purchase include? \_\_\_\_\_

- d. Was the purchase of a liquor license included? ☐ Yes ☐ No  
If not included in the purchase of the business, what was the cost of the license? \_\_\_\_\_

9. If the license is denied, will the business be operated without liquor sales? ☐ Yes ☐ No

10. What are the planned hours of operation for the business if a liquor license is obtained?

Weekdays: \_\_\_\_\_  
Weekends: \_\_\_\_\_

11. Will the business include dancing, live entertainment, adult entertainment, outdoor dining, outdoor alcohol consumption, pool tables, coin-operated games or automotive fuel sales?

☐ Yes ☐ No

If "yes," explain the nature of such activities as it relates to the business.

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12. What type of Liquor License is being requested? \_\_\_\_\_

13. Is this business currently in operation? ☐ Yes ☐ No

If "no," what is the anticipated opening date? \_\_\_\_\_

14. Business Zoning Designation: \_\_\_\_\_

Does the business require rezoning? ☐ Yes ☐ No

If "yes," has the rezoning process begun? ☐ Yes ☐ No

15. Do you plan on modifying the existing building? ☐ Yes ☐ No

Please attach a copy of the existing site plan and floor plan(s) for the current building.

If "yes," have you received the proper building permits? ☐ Yes ☐ No

Please attach copies of the proposed site plan and floor plan(s).

Full and complete answers to these questions are important for a full and fair review of the application. Please attach additional information and sheets if you find you need additional space on the application to provide full and complete information on the questions presented.

**Pursuant to A.R.S. §§ 13-2703 and 13-2002, I swear or affirm I have read all of the above questions and have personally provided all of the information to the best of my knowledge and belief and that all of it is true. I understand that all information regarding ownership of the business is very important and relevant to the processing of my application. I understand that if I provide any false information in this application, it may result in either a recommendation of disapproval of this application by the Town of Tusayan, criminal charges being filed against me, or both.**

\_\_\_\_\_  
(Signature of person filling out this form)

This sworn statement is given under oath or affirmation pursuant to A.R.S. § 13-2701(3).

STATE OF ARIZONA     )  
  ) ss.  
County of Coconino     )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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## LIQUOR LICENSE APPLICATION APPLICANT CHECKLIST

- ☐ Meeting with Town officials
- ☐ Initial submittal of Town application
- ☐ Payment of Town application fees
- ☐ Revision of application materials (if necessary)
- ☐ Posting of Town Council agenda ([tusayan-az.gov/council.html](http://tusayan-az.gov/council.html))
- ☐ Town Council meeting